



## **HIP Redetermination FAQ's**

### **What is redetermination?**

This is the annual process that the state is required to complete, with your cooperation, to re-enroll you in HIP for another 12-month benefit period. Every twelve months, you must provide a completed re-enrollment form and include supporting documentation to ensure you still qualify for coverage. If you do not send this information in *before* the deadline, you will be removed from the program, and will not be eligible again for at least 12 months.

### **How am I notified about my redetermination?**

First, you will receive a letter approximately 90 days before the end of your current benefit year. This initial letter will state the expiration date of your current benefit year and explain the upcoming redetermination process.

A few weeks later, you will receive the re-enrollment packet. The packet will include a cover letter with instructions and the Re-enrollment Form with Health Screening Questionnaire.

### **What items will I have to provide?**

Members are required to complete the Re-enrollment Form with Health Screening Questionnaire. You will need to again provide proof of income (wages, child support, worker's compensation, unemployment, etc).

It's important to follow the instructions on the Re-enrollment Form. If additional documents are needed based on your specific situation, you will be notified by mail of those specific items.

### **What should I do if I have not received my packet or I lost it?**

Call the FSSA Service Center, toll-free at 1-800-403-0864 and ask for another HIP Re-enrollment Packet.

### **When do my redetermination items have to be turned in?**

The due date will be on your Re-enrollment Form. If you have any questions about completing the form or need help in getting documentation, call the Service Center at 1-800-403-0864.

**Where do I send my completed re-enrollment packet?**

You can return your completed application and other documents by:

- Mailing them to the Document Center at  
**FSSA Document Center / PO Box 1630 / Marion, IN 46952**
- Faxing them to the Document Center at 1-800-403-0864
- Dropping them off at a local FSSA DFR office. To find a local office, please go to our website at: [www.in.gov/fssa/dfr](http://www.in.gov/fssa/dfr) or call toll free 1-800-403-0864.

**Can I change my health plan during redetermination?**

Yes. If you wish to change plans, call the HIP Line at 1-877-GET HIP9 (1-877-438-4479), and press option two.

**How will I know if I am still eligible for HIP?**

You will receive a Notice in the mail stating your new benefit year and your POWER account obligation. If the determination is that you are no longer eligible, the Notice will state the reason.

**Will my POWER account payment amount change?**

If your income, household make-up, or other factors have changed since you were last approved for HIP, your contribution may change. However, the approval letter will include your annual contribution even if it stays the same.

**I missed my redetermination deadline. What should I do?**

If you did not submit your Re-enrollment Form and other documents by the deadline, your coverage will be terminated. If you want to be on HIP again, you must reapply and wait to see if you are determined eligible for the program; however, you will have to wait twelve months to become eligible for HIP again.

**I believe my redetermination decision is wrong. What can I do?**

You have the right to file an appeal and have a fair hearing. An appeal must be filed no later than thirty (30) days after the effective date of your HIP termination. If you appeal *before* the termination date, your HIP coverage will continue while your appeal is pending. The Notice you receive will explain your appeal rights and will contain a page for you to complete and send in to appeal. If you lose that page, you can send a letter stating you wish to appeal the HIP termination. Be sure to include your case number or HIP ID number, if you know it.

You may send your appeal by mail or fax to either of the following locations:

**FSSA Document Center**

Mail:

FSSA Document Center

PO Box 1630

Marion, IN 46952

Fax: 1-800-403-0864

**FSSA Hearings and Appeal Section:**

Mail:

Family and Social Services Administration/ Hearings and Appeals Section

E-034 IGC-S – MS 04

402 W. Washington St.

Indianapolis, IN 46202

Fax: (317) 232-4412

You may also take your appeal request to your local Office of Family Resources.

You will be notified in writing of the date, time and place for the hearing. You may represent yourself or have someone else represent you such as an attorney, friend or relative. If you wish to have legal representation and cannot afford it, you may call the Indiana Legal Services office serving your area at 1-888-442-8600.

**What if I am no longer eligible for HIP, but I am still uninsured?**

An individual health insurance plan may be available for you to purchase from any licensed health insurance agent or broker. Additionally, if you are no longer financially eligible for HIP, Anthem Blue Cross Blue Shield offers health insurance that you can purchase as a former HIP member. Contact them at 1-800-622-4075 and choose option 7. You can also visit <http://www.in.gov/fssa/2408.htm> to explore other Medicaid programs that you may qualify for.

**I have more questions on redetermination. What can I do?**

Call the toll-free HIP line at 1-877-GET-HIP9 (1-877-438-4479).